

**ATTENDANCE, ADVANCE & TIME-OFF FORM  
TREASURERS' COURSE  
MARCH 30 &31, 2010**

Local: \_\_\_\_\_ UNION # \_\_\_\_\_

Name: (Ms) (Mr.) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**If time off is allowed under the applicable article of your Collective Agreement for the above noted meeting, OPSEU will arrange on your behalf leave from duty REQUIRED Yes ( ) No ( ) Dates: \_\_\_\_\_**

**Indicate Ministry, College, Hospital, etc. \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Name, Title, Fax# of Personnel to be contacted: \_\_\_\_\_**

**Please circle if you are attending on: SHIFT/VACATION/WORKDAY/REG. DAY OFF\_**

**ADVANCE: \$ \_\_\_\_\_**

**DELIVER TO MEETING**

**MAIL TO:  HOME**

**TORONTO HEAD OFFICE**

**ACCOMMODATION NEEDS ONLY:**

( ) smoking ( ) non-smoking

**Radisson Toronto East Hotel: February 22 & 23**

<b>ROOM TYPE REQUIRED</b>	<b>Twin Shared ( )</b>	<b>Single ( )</b>	<b>Double ( )</b>
	<b>\$64.50 plus 13%</b>	<b>\$129.00, plus 13%</b>	<b>\$129.00, plus 13%</b>

**OPSEU will be responsible for booking your room nights. Please note that if single accommodation is requested, you will be expected to absorb the difference between shared accommodation and single cost. *\*You will be responsible for payment upon checkout.***

**ATTENDANCE, ADVANCE & TIME-OFF FORM  
TREASURERS' COURSE  
MARCH 30 & 31, 2010**

**PERSONAL ASSISTANCE AND/OR SPECIAL NEEDS REQUEST FORM**

**PLEASE PRINT**

**LOCAL** \_\_\_\_\_

NAME (Ms/Mr) \_\_\_\_\_

- Blind or visually impaired
- Deaf or hearing impaired
- Wheel hub to hub measures: \_\_\_\_\_ cm.
- I use crutches and need to be near an elevator
- I will need special assistance in evacuating my room
- Food allergies
- Vegetarian
- Smoker
- Non-smoker

Please specify any other special requirements: